



DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION <input checked="" type="checkbox"/> Declaration OR <input type="checkbox"/> Declaration Submitted with Initial Filing Submitted after Initial Filing	Docket No.:	078291/00001
	First Named Inventor:	ARASON, Jane A
	Application No.:	
	Filing Date:	
	Group Art Unit	
	Examiner Name:	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

FOLDING CABINET BED

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on
(MM/DD/YYYY)

Application Number:

	as United States Application Number or PCT International	
	and was amended on (MM/DD/YYYY) (if applicable)	

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under Title 35, United States Code § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet attached hereto.

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

Application Number (s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet attached hereto.
60/423,423	11/04/2002	



DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under Title 35, United States Code § 120 of any United States application(s), or § 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of the Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and trademark Office connected therewith:

Name	Registration Number	Name	Registration Number
Gregory M. Stone	43,165	Jeffrey C. Maynard	46,208
Steven E. Tiller	39,859		

☐ Additional registered practitioner(s) named on a supplemental sheet attached hereto.


Direct all correspondence to:

Name	Jeffrey C. Maynard, Esq.				
Address	Whiteford, Taylor & Preston, L.L.P.				
Address	Seven Saint Paul Street				
City	Baltimore	State	MD	Zip	21202-1626
Country	US	Telephone	410-347-9496	Fax	410-347-9414

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Name of Sole or First Inventor		If inventor has been deceased, name of inventor					
Given Name	Jane A.		Family Name	ARASON	Suffix		
Inventor's Signature					Date	10/27/03	
Residence: City	Annapolis	State	MD	Country	US	Citizenship	US
Post Office Address	707 Glendon Avenue						
Post Office Address							
City	Annapolis	State	MD	Zip	21403	Country	US

☒ Additional inventors are being named on supplemental sheet(s) attached hereto.



DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet
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Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name	Jon L.		Family Name	ARASON		Suffix	
Inventor's Signature						Date	10/26/03
Residence: City	Annapolis	State	MD	Country	US	Citizenship	US
Post Office Address	707 Glendon Avenue						
Post Office Address							
City	Annapolis	State	MD	Zip	21403	Country	US

Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name			Family Name			Suffix	
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	

Name of Additional Joint Inventor, if any:					<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name			Family Name			Suffix	
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	
<input type="checkbox"/> Additional inventors are being named on additional supplemental sheet(s) attached hereto.							